

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

**Maximum Policy Benefit Amounts**

- 1 Yr.      2 Yrs.      3 Yrs.      4 Yrs.  
 5 Yrs.      6 Yrs.      7 Yrs.      Lifetime  
 See company's notes, pp 119-142

**Elimination Periods**

- 0 days      60 days      **TYPE**  
 20 days      90 days      Calendar Day  
 30 days      100 days      Service Day

**Nursing Home Daily Benefit Amounts**

\$100 minimum to \$350 maximum per [day, week or month] offered in increments of \$10.

- per day      per week      per month  
 See notes, pp 119-142      Not Available

**Inflation Protection**

- 5% Compound      Guaranteed Purchase Option  
 5% Simple      See company's notes, pp 119-142

**Home Care Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%      90%      80%      75%  
 70%      60%      50%  
 See company's notes, pp 119-142

**Residential Care Facility Daily Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%      90%      80%      75%  
 70%      See company's notes, pp 119-142

**Waiver of Premium**

**Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.**

Issue Age	30 Day Elimination Period. <b>3 Year Maximum Policy Benefit</b>		90 Day Elimination Period. <b>3 Year Maximum Policy Benefit</b>		90 Day Elimination Period. <b>Lifetime Benefit</b>	
	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$564	<b>\$977</b>	\$490	<b>\$1,132</b>	\$760	<b>\$1,756</b>
55	\$702	<b>\$1,494</b>	\$610	<b>\$1,299</b>	\$930	<b>\$1,981</b>
60	\$978	<b>\$1,945</b>	\$850	<b>\$1,692</b>	\$1,300	<b>\$2,587</b>
65	\$1,415	<b>\$2,645</b>	\$1,230	<b>\$2,300</b>	\$1,890	<b>\$3,534</b>
70	\$2,254	<b>\$3,877</b>	\$1,960	<b>\$3,371</b>	\$3,020	<b>\$5,194</b>
75	\$3,876	<b>\$5,968</b>	\$3,370	<b>\$5,190</b>	\$5,160	<b>\$7,946</b>
80	\$6,336	<b>\$11,247</b>	\$5,510	<b>\$6,487</b>	\$10,338	<b>\$11,743</b>

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

**Maximum Policy Benefit Amounts**

- 1 Yr.     2 Yrs.     3 Yrs.     4 Yrs.  
 5 Yrs.     6 Yrs.     7 Yrs.     Lifetime  
 See company's notes, pp 119-142

**Elimination Periods**

- 0 days     60 days     TYPE  
 20 days     90 days     Calendar Day  
 30 days     100 days     Service Day

**Nursing Home Daily Benefit Amounts**

\$100 minimum to \$200 maximum per [day, week or month] offered in increments of \$0.

- per day     per week     per month  
 See notes, pp 119-142     Not Available

**Inflation Protection**

- 5% Compound     Guaranteed Purchase Option  
 5% Simple     See company's notes, pp 119-142

**Home Care Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%     90%     80%     75%  
 70%     60%     50%  
 See company's notes, pp 119-142

**Residential Care Facility Daily Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%     90%     80%     75%  
 70%     See company's notes, pp 119-142

**Waiver of Premium**

Premiums waived only after 60 day confinement in nursing home, and only as long as nursing home benefit continues to be paid.

**Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.**

30 Day Elimination Period.			30** Day Elimination Period.		30** Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit		Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$516	\$1,428	Not Available	Not Available	Not Available	Not Available
55	\$744	\$1,812	Not Available	Not Available	Not Available	Not Available
60	\$936	\$2,124	Not Available	Not Available	Not Available	Not Available
65	\$1,404	\$2,784	Not Available	Not Available	Not Available	Not Available
70	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
75	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
80	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available

Refer to Rate History Section for information on premium increases for this company.

[\*\* Carrier does not offer a 90-day elimination period.]

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

**Maximum Policy Benefit Amounts**

- 1 Yr.       2 Yrs.       3 Yrs.       4 Yrs.  
 5 Yrs.       6 Yrs.       7 Yrs.       Lifetime  
 See company's notes, pp 119-142

**Nursing Home Daily Benefit Amounts**

- \$50 minimum to \$300 maximum per [day, week or month] offered in increments of \$10.
- per day       per week       per month  
 See notes, pp 119-142       Not Available

**Home Care Benefit Amounts**

- Represents the percentage of the Nursing Home Daily Benefit Amount.
- 100%       90%       80%       75%  
 70%       60%       50%  
 See company's notes, pp 119-142

**Elimination Periods**

- 0 days       60 days       TYPE  
 20 days       90 days       Calendar Day  
 30 days       100 days       Service Day

**Inflation Protection**

- 5% Compound       Guaranteed Purchase Option  
 5% Simple       See company's notes, pp 119-142

**Residential Care Facility Daily Benefit Amounts**

- Represents the percentage of the Nursing Home Daily Benefit Amount.
- 100%       90%       80%       75%  
 70%       See company's notes, pp 119-142

**Waiver of Premium**

Premiums for the policy and attached riders will be waived after confined in a nursing facility or residential care facility for a period of 90 days- Any unearned premium is refunded on a prorata basis. Premiums are waived until facility confinement ends.

**Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.**

30 Day Elimination Period.			90 Day Elimination Period.		90 Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit		Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$437	\$1,201	\$364	\$1,001	\$578	\$1,588
55	\$527	\$1,244	\$439	\$1,037	\$698	\$1,646
60	\$731	\$1,536	\$610	\$1,280	\$968	\$2,032
65	\$992	\$1,875	\$827	\$1,563	\$1,313	\$2,481
70	\$1,463	\$2,458	\$1,219	\$2,048	\$1,935	\$3,251
75	\$2,920	\$4,614	\$2,433	\$3,845	\$3,863	\$6,103
80	\$4,383	\$6,574	\$3,652	\$5,479	\$5,798	\$8,696

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

**Maximum Policy Benefit Amounts**

- 1 Yr.       2 Yrs.       3 Yrs.       4 Yrs.
- 5 Yrs.       6 Yrs.       7 Yrs.       Lifetime
- See company's notes, pp 119-142

**Elimination Periods**

- 0 days       60 days       TYPE
- 20 days       90 days       Calendar Day
- 30 days       100 days       Service Day

**Nursing Home Daily Benefit Amounts**

\$50 minimum to \$300 maximum per [day, week or month] offered in increments of \$10.

- per day       per week       per month
- See notes, pp 119-142       Not Available

**Inflation Protection**

- 5% Compound       Guaranteed Purchase Option
- 5% Simple       See company's notes, pp 119-142

**Home Care Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%       90%       80%       75%
- 70%       60%       50%
- See company's notes, pp 119-142

**Residential Care Facility Daily Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%       90%       80%       75%
- 70%       See company's notes, pp 119-142

**Waiver of Premium**

Premiums waived after 90 days of receiving covered services, regardless if the elimination period has been satisfied. Premium is waived for the entire policy, including any attached riders and spouse's premium if covered under the same policy.

**Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.**

30 Day Elimination Period.			90 Day Elimination Period.		90 Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit		Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$431	\$1,135	\$388	\$1,020	\$685	\$1,916
55	\$571	\$1,429	\$514	\$1,285	\$903	\$2,375
60	\$816	\$1,868	\$734	\$1,679	\$1,273	\$3,036
65	\$1,230	\$2,505	\$1,106	\$2,251	\$1,887	\$3,994
70	\$1,983	\$3,532	\$1,782	\$3,174	\$2,991	\$5,540
75	\$3,184	\$5,045	\$2,862	\$4,535	\$4,666	\$7,663
80	\$4,951	\$7,370	\$4,450	\$6,624	Not Available	Not Available

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

**Maximum Policy Benefit Amounts**

- 1 Yr.       2 Yrs.       3 Yrs.       4 Yrs.
- 5 Yrs.       6 Yrs.       7 Yrs.       Lifetime
- See company's notes, pp 119-142

**Nursing Home Daily Benefit Amounts**

- \$50 minimum to \$300 maximum per [day, week or month] offered in increments of \$10.
- per day       per week       per month
  - See notes, pp 119-142       Not Available

**Home Care Benefit Amounts**

- Represents the percentage of the Nursing Home Daily Benefit Amount.
- 100%       90%       80%       75%
  - 70%       60%       50%
  - See company's notes, pp 119-142

**Elimination Periods**

- 0 days       60 days       TYPE
- 20 days       90 days       Calendar Day
- 30 days       100 days       Service Day

**Inflation Protection**

- 5% Compound       Guaranteed Purchase Option
- 5% Simple       See company's notes, pp 119-142

**Residential Care Facility Daily Benefit Amounts**

- Represents the percentage of the Nursing Home Daily Benefit Amount.
- 100%       90%       80%       75%
  - 70%       See company's notes, pp 119-142

**Waiver of Premium**

Premiums due for the policy and any attached riders are waived after satisfaction of a 90-day waiting period for facility confinement. Any unearned premium is refunded on a pro-rata basis, including premiums paid during the 90-day waiting period. Premiums are waived until facility confinement ends.

**Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.**

30 Day Elimination Period.			90 Day Elimination Period.		90 Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit		Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$348	<b>\$956</b>	\$302	<b>\$832</b>	\$504	<b>\$1,386</b>
55	\$453	<b>\$1,132</b>	\$394	<b>\$984</b>	\$656	<b>\$1,640</b>
60	\$629	<b>\$1,416</b>	\$547	<b>\$1,231</b>	\$912	<b>\$2,052</b>
65	\$949	<b>\$1,899</b>	\$826	<b>\$1,651</b>	\$1,376	<b>\$2,752</b>
70	\$1,535	<b>\$2,685</b>	\$1,334	<b>\$2,335</b>	\$2,224	<b>\$3,892</b>
75	\$2,594	<b>\$4,151</b>	\$2,256	<b>\$3,610</b>	\$3,760	<b>\$6,016</b>
80	\$4,256	<b>\$6,384</b>	\$3,701	<b>\$5,551</b>	\$6,168	<b>\$9,252</b>

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

**Maximum Policy Benefit Amounts**

- 1 Yr.       2 Yrs.       3 Yrs.       4 Yrs.
- 5 Yrs.       6 Yrs.       7 Yrs.       Lifetime
- See company's notes, pp 119-142

**Elimination Periods**

- 0 days       60 days       TYPE
- 20 days       90 days       Calendar Day
- 30 days       100 days       Service Day

**Nursing Home Daily Benefit Amounts**

\$50 minimum to \$250 maximum per [day, week or month] offered in increments of \$10.

- per day       per week       per month
- See notes, pp 119-142       Not Available

**Inflation Protection**

- 5% Compound       Guaranteed Purchase Option
- 5% Simple       See company's notes, pp 119-142

**Home Care Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%       90%       80%       75%
- 70%       60%       50%
- See company's notes, pp 119-142

**Residential Care Facility Daily Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%       90%       80%       75%
- 70%       See company's notes, pp 119-142

**Waiver of Premium**

Premiums are waived after benefits have been paid for (90) consecutive days.

**Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.**

30 Day Elimination Period.			90 Day Elimination Period.		90 Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit		Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$460	<b>\$1,120</b>	\$400	<b>\$980</b>	\$640	<b>\$1,560</b>
55	\$620	<b>\$1,430</b>	\$540	<b>\$1,250</b>	\$860	<b>\$2,000</b>
60	\$890	<b>\$1,910</b>	\$780	<b>\$1,670</b>	\$1,250	<b>\$2,680</b>
65	\$1,390	<b>\$2,640</b>	\$1,220	<b>\$2,320</b>	\$1,890	<b>\$3,580</b>
70	\$2,270	<b>\$3,810</b>	\$1,990	<b>\$3,340</b>	\$2,900	<b>\$4,870</b>
75	\$3,920	<b>\$6,040</b>	\$3,440	<b>\$5,300</b>	\$5,150	<b>\$7,930</b>
80	\$6,370	<b>\$9,170</b>	\$5,590	<b>\$8,050</b>	\$8,310	<b>\$11,970</b>

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

**Maximum Policy Benefit Amounts**

- 1 Yr.       2 Yrs.       3 Yrs.       4 Yrs.
- 5 Yrs.       6 Yrs.       7 Yrs.       Lifetime
- See company's notes, pp 119-142

**Elimination Periods**

- 0 days       60 days      TYPE
- 20 days       90 days       Calendar Day
- 30 days       100 days       Service Day

**Nursing Home Daily Benefit Amounts**

\$50 minimum to \$500 maximum per [day, week or month] offered in increments of \$10.

- per day       per week       per month
- See notes, pp 119-142       Not Available

**Inflation Protection**

- 5% Compound       Guaranteed Purchase Option
- 5% Simple       See company's notes, pp 119-142

**Home Care Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%       90%       80%       75%
- 70%       60%       50%
- See company's notes, pp 119-142

**Residential Care Facility Daily Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%       90%       80%       75%
- 70%       See company's notes, pp 119-142

**Waiver of Premium**

During a period of care, premiums are waived on monthly basis if: 1) certified as chronically ill ;2) have plan of care; 3) satisfied elimination period; & 4) receiving benefits. Surviving spouse/partner waiver waives prems. if have identical policies.

**Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.**

30 Day Elimination Period.			90 Day Elimination Period.		90 Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit		Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$381	\$994	\$340	\$887	\$640	\$1,670
55	\$504	\$1,210	\$450	\$1,080	\$820	\$1,968
60	\$750	\$1,576	\$670	\$1,407	\$1,240	\$2,604
65	\$1,109	\$2,096	\$990	\$1,871	\$1,840	\$3,478
70	\$1,758	\$2,901	\$1,570	\$2,591	\$2,910	\$4,802
75	\$2,778	\$3,972	\$2,480	\$3,546	\$4,510	\$6,449
80	\$4,592	\$5,924	\$4,100	\$5,289	\$7,470	\$9,636

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

**Maximum Policy Benefit Amounts**

- 1 Yr.     2 Yrs.     3 Yrs.     4 Yrs.  
 5 Yrs.     6 Yrs.     7 Yrs.     Lifetime  
 See company's notes, pp 119-142

**Nursing Home Daily Benefit Amounts**

- \$50 minimum to \$400 maximum per [day, week or month] offered in increments of \$10.
- per day     per week     per month  
 See notes, pp 119-142     Not Available

**Home Care Benefit Amounts**

- Represents the percentage of the Nursing Home Daily Benefit Amount.
- 100%     90%     80%     75%  
 70%     60%     50%  
 See company's notes, pp 119-142

**Elimination Periods**

- 0 days     60 days     TYPE  
 20 days     90 days     Calendar Day  
 30 days     100 days     Service Day

**Inflation Protection**

- 5% Compound     Guaranteed Purchase Option  
 5% Simple     See company's notes, pp 119-142

**Residential Care Facility Daily Benefit Amounts**

- Represents the percentage of the Nursing Home Daily Benefit Amount.
- 100%     90%     80%     75%  
 70%     See company's notes, pp 119-142

**Waiver of Premium**

Policy Premiums will be waived after satisfying the Elimination Period

**Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.**

30 Day Elimination Period.			90 Day Elimination Period.		90 Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit		Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$689	\$1,432	\$570	\$1,191	\$842	\$2,107
55	\$826	\$1,597	\$656	\$1,300	\$1,029	\$2,561
60	\$1,184	\$2,020	\$944	\$1,623	\$1,409	\$2,974
65	\$1,689	\$2,745	\$1,374	\$2,307	\$2,066	\$4,048
70	\$2,708	\$4,085	\$2,286	\$3,654	\$3,345	\$5,561
75	\$4,572	\$6,600	\$3,941	\$6,114	\$5,500	\$8,740
80	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

**Maximum Policy Benefit Amounts**

- 1 Yr.       2 Yrs.       3 Yrs.       4 Yrs.
- 5 Yrs.       6 Yrs.       7 Yrs.       Lifetime
- See company's notes, pp 119-142

**Elimination Periods**

- 0 days       60 days      TYPE
- 20 days       90 days       Calendar Day
- 30 days       100 days       Service Day

**Nursing Home Daily Benefit Amounts**

\$50 minimum to \$250 maximum per [day, week or month] offered in increments of \$10.

- per day       per week       per month
- See notes, pp 119-142       Not Available

**Inflation Protection**

- 5% Compound       Guaranteed Purchase Option
- 5% Simple       See company's notes, pp 119-142

**Home Care Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%       90%       80%       75%
- 70%       60%       50%
- See company's notes, pp 119-142

**Residential Care Facility Daily Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%       90%       80%       75%
- 70%       See company's notes, pp 119-142

**Waiver of Premium**

We will waive any premium that becomes due after 12 days of covered Qualified Long Term Care services are provided during a Plan of Care. Days when covered services are received which are used to satisfy the Elimination Period can be used to satisfy the qualifications for this benefit. We will also refund the pro-rata portion of any premium You have paid for the period You qualify for waiver of premium. \* Also have Dual Waiver of Premium as an Optional Rider.

**Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.**

20* Day Elimination Period.			90 Day Elimination Period.		90 Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit		Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$518	<b>\$1,083</b>	\$448	<b>\$937</b>	\$747	<b>\$1,561</b>
55	\$643	<b>\$1,280</b>	\$556	<b>\$1,107</b>	\$913	<b>\$1,817</b>
60	\$893	<b>\$1,714</b>	\$772	<b>\$1,482</b>	\$1,278	<b>\$2,454</b>
65	\$1,296	<b>\$2,385</b>	\$1,121	<b>\$2,062</b>	\$1,801	<b>\$3,314</b>
70	\$1,987	<b>\$3,398</b>	\$1,718	<b>\$2,938</b>	\$2,739	<b>\$4,684</b>
75	\$3,466	<b>\$5,302</b>	\$2,996	<b>\$4,584</b>	\$4,764	<b>\$7,289</b>
80	\$5,549	<b>\$7,713</b>	\$4,797	<b>\$6,668</b>	\$7,561	<b>\$10,510</b>

Refer to Rate History Section for information on premium increases for this company.

[\* Carrier does not offer a 30-day elimination period.]

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

**Maximum Policy Benefit Amounts**

- 1 Yr.       2 Yrs.       3 Yrs.       4 Yrs.
- 5 Yrs.       6 Yrs.       7 Yrs.       Lifetime
- See company's notes, pp 119-142

**Nursing Home Daily Benefit Amounts**

\$100 minimum to \$500 maximum per [day, week or month] offered in increments of \$10.

- per day       per week       per month
- See notes, pp 119-142       Not Available

**Home Care Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%       90%       80%       75%
- 70%       60%       50%
- See company's notes, pp 119-142

**Elimination Periods**

- 0 days       60 days      TYPE
- 20 days       90 days       Calendar Day
- 30 days       100 days       Service Day

**Inflation Protection**

- 5% Compound       Guaranteed Purchase Option
- 5% Simple       See company's notes, pp 119-142

**Residential Care Facility Daily Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%       90%       80%       75%
- 70%       See company's notes, pp 119-142

**Waiver of Premium**

While receiving benefits and after the satisfaction of the elimination period.

**Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.**

30 Day Elimination Period.			90 Day Elimination Period.		90 Day Elimination Period.	
<b>3 Year Maximum Policy Benefit</b>			<b>3 Year Maximum Policy Benefit</b>		<b>Lifetime Benefit</b>	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$542	<b>\$1,275</b>	\$434	<b>\$1,020</b>	\$723	<b>\$2,142</b>
55	\$638	<b>\$1,541</b>	\$510	<b>\$1,233</b>	\$918	<b>\$2,474</b>
60	\$861	<b>\$1,902</b>	\$689	<b>\$1,522</b>	\$1,250	<b>\$2,958</b>
65	\$1,307	<b>\$2,444</b>	\$1,046	<b>\$1,955</b>	\$1,913	<b>\$3,723</b>
70	\$2,072	<b>\$3,538</b>	\$1,658	<b>\$2,831</b>	\$3,137	<b>\$5,304</b>
75	\$3,793	<b>\$5,546</b>	\$3,035	<b>\$4,437</b>	\$5,228	<b>\$7,871</b>
80	\$6,981	<b>\$9,254</b>	\$5,585	<b>\$7,404</b>	Not Available	<b>Not Available</b>

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

**Maximum Policy Benefit Amounts**

- 1 Yr.     2 Yrs.     3 Yrs.     4 Yrs.  
 5 Yrs.     6 Yrs.     7 Yrs.     Lifetime  
 See company's notes, pp 119-142

**Nursing Home Daily Benefit Amounts**

- \$50 minimum to \$250 maximum per [day, week or month] offered in increments of \$10.
- per day     per week     per month  
 See notes, pp 119-142     Not Available

**Home Care Benefit Amounts**

- Represents the percentage of the Nursing Home Daily Benefit Amount.
- 100%     90%     80%     75%  
 70%     60%     50%  
 See company's notes, pp 119-142

**Elimination Periods**

- 0 days     60 days     TYPE  
 20 days     90 days     Calendar Day  
 30 days     100 days     Service Day

**Inflation Protection**

- 5% Compound     Guaranteed Purchase Option  
 5% Simple     See company's notes, pp 119-142

**Residential Care Facility Daily Benefit Amounts**

- Represents the percentage of the Nursing Home Daily Benefit Amount.
- 100%     90%     80%     75%  
 70%     See company's notes, pp 119-142

**Waiver of Premium**

When benefit-eligible

**Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.**

30 Day Elimination Period.			90 Day Elimination Period.		90 Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit		Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$442	\$1,551	\$395	\$1,384	\$677	\$2,379
55	\$551	\$1,667	\$492	\$1,488	\$844	\$2,561
60	\$713	\$1,843	\$637	\$1,645	\$1,094	\$2,833
65	\$1,042	\$2,102	\$930	\$1,877	\$1,582	\$3,232
70	\$1,679	\$2,925	\$1,499	\$2,612	\$2,560	\$4,482
75	\$3,079	\$4,753	\$2,750	\$4,244	\$3,918	\$6,071
80	\$4,427	\$6,147	\$3,953	\$5,488	\$5,645	\$7,858

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

**Maximum Policy Benefit Amounts**

- 1 Yr.       2 Yrs.       3 Yrs.       4 Yrs.
- 5 Yrs.       6 Yrs.       7 Yrs.       Lifetime
- See company's notes, pp 119-142

**Elimination Periods**

- 0 days       60 days      TYPE
- 20 days       90 days       Calendar Day
- 30 days       100 days       Service Day

**Nursing Home Daily Benefit Amounts**

\$50 minimum to \$300 maximum per [day, week or month] offered in increments of \$10.

- per day       per week       per month
- See notes, pp 119-142       Not Available

**Inflation Protection**

- 5% Compound       Guaranteed Purchase Option
- 5% Simple       See company's notes, pp 119-142

**Home Care Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%       90%       80%       75%
- 70%       60%       50%
- See company's notes, pp 119-142

**Residential Care Facility Daily Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%       90%       80%       75%
- 70%       See company's notes, pp 119-142

**Waiver of Premium**

Waiver available for NF, RCF, HHC w/ prem waived for life if NF-confined for 180 consec. days. Joint Waiver (spouse prem waived while insured NF-confined) and Survivorship (sps. prem waived for life upon death of insured) available to couples at add'l premium.

**Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.**

30 Day Elimination Period.			90 Day Elimination Period.		90 Day Elimination Period.	
<b>3 Year Maximum Policy Benefit</b>			<b>3 Year Maximum Policy Benefit</b>		<b>Lifetime Benefit</b>	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$584	<b>\$1,670</b>	\$479	<b>\$1,372</b>	\$988	<b>\$2,827</b>
55	\$742	<b>\$1,976</b>	\$609	<b>\$1,622</b>	\$1,147	<b>\$3,054</b>
60	\$920	<b>\$2,213</b>	\$755	<b>\$1,818</b>	\$1,552	<b>\$3,735</b>
65	\$1,296	<b>\$2,720</b>	\$1,064	<b>\$2,234</b>	\$2,328	<b>\$4,887</b>
70	\$2,027	<b>\$3,653</b>	\$1,665	<b>\$3,001</b>	\$3,686	<b>\$6,643</b>
75	\$3,412	<b>\$5,304</b>	\$2,803	<b>\$4,356</b>	\$6,702	<b>\$10,419</b>
80	Not Available	<b>Not Available</b>	\$4,760	<b>\$6,598</b>	Not Available	<b>Not Available</b>

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

**Maximum Policy Benefit Amounts**

- 1 Yr.       2 Yrs.       3 Yrs.       4 Yrs.
- 5 Yrs.       6 Yrs.       7 Yrs.       Lifetime
- See company's notes, pp 119-142

**Elimination Periods**

- 0 days       60 days      TYPE
- 20 days       90 days       Calendar Day
- 30 days       100 days       Service Day

**Nursing Home Daily Benefit Amounts**

\$50 minimum to \$300 maximum per [day, week or month] offered in increments of \$10.

- per day       per week       per month
- See notes, pp 119-142       Not Available

**Inflation Protection**

- 5% Compound       Guaranteed Purchase Option
- 5% Simple       See company's notes, pp 119-142

**Home Care Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%       90%       80%       75%
- 70%       60%       50%
- See company's notes, pp 119-142

**Residential Care Facility Daily Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%       90%       80%       75%
- 70%       See company's notes, pp 119-142

**Waiver of Premium**

Premiums due for the policy and any attached riders are waived after satisfaction of a 90 calendar day waiting period for facility confinement. Any unearned premium is refunded on a pro-rata basis. Premiums are waived until facility confinement ends. (7 calendar days counted for one or more days of confinement during a 7-day period)

**Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.**

30 Day Elimination Period.			90 Day Elimination Period.		90 Day Elimination Period.	
<b>3 Year Maximum Policy Benefit</b>			<b>3 Year Maximum Policy Benefit</b>		<b>Lifetime Benefit</b>	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$380	<b>\$1,046</b>	\$331	<b>\$910</b>	\$525	<b>\$1,444</b>
55	\$462	<b>\$1,155</b>	\$402	<b>\$1,004</b>	\$638	<b>\$1,594</b>
60	\$652	<b>\$1,467</b>	\$567	<b>\$1,276</b>	\$900	<b>\$2,025</b>
65	\$897	<b>\$1,793</b>	\$780	<b>\$1,559</b>	\$1,238	<b>\$2,475</b>
70	\$1,467	<b>\$2,567</b>	\$1,276	<b>\$2,233</b>	\$2,025	<b>\$3,544</b>
75	\$2,245	<b>\$3,912</b>	\$2,126	<b>\$3,402</b>	\$3,375	<b>\$5,400</b>
80	\$4,238	<b>\$6,357</b>	\$3,686	<b>\$5,528</b>	\$5,850	<b>\$8,775</b>

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

**Maximum Policy Benefit Amounts**

- 1 Yr.     2 Yrs.     3 Yrs.     4 Yrs.  
 5 Yrs.     6 Yrs.     7 Yrs.     Lifetime  
 See company's notes, pp 119-142

**Nursing Home Daily Benefit Amounts**

- \$50 minimum to \$500 maximum per [day, week or month] offered in increments of \$10.
- per day     per week     per month  
 See notes, pp 119-142     Not Available

**Home Care Benefit Amounts**

- Represents the percentage of the Nursing Home Daily Benefit Amount.
- 100%     90%     80%     75%  
 70%     60%     50%  
 See company's notes, pp 119-142

**Elimination Periods**

- 0 days     60 days     TYPE  
 20 days     90 days     Calendar Day  
 30 days     100 days     Service Day

**Inflation Protection**

- 5% Compound     Guaranteed Purchase Option  
 5% Simple     See company's notes, pp 119-142

**Residential Care Facility Daily Benefit Amounts**

- Represents the percentage of the Nursing Home Daily Benefit Amount.
- 100%     90%     80%     75%  
 70%     See company's notes, pp 119-142

**Waiver of Premium**

premium waiver takes effect the day after the date the elimination period is met. It ends on the date the policyholder is no longer benefit eligible.

**Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.**

30 Day Elimination Period.			90 Day Elimination Period.		90 Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit		Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$633	\$1,021	\$550	\$888	\$1,000	\$1,738
55	\$863	\$1,409	\$750	\$1,225	\$1,375	\$2,363
60	\$1,236	\$2,013	\$1,075	\$1,750	\$1,925	\$3,313
65	\$1,840	\$2,961	\$1,600	\$2,575	\$2,863	\$4,900
70	\$2,717	\$4,212	\$2,363	\$3,663	\$4,183	\$7,038
75	\$4,758	\$6,914	\$4,138	\$6,013	\$7,388	\$11,813
80	\$6,799	\$9,071	\$5,913	\$7,888	Not Available	Not Available

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

**Maximum Policy Benefit Amounts**

- 1 Yr.       2 Yrs.       3 Yrs.       4 Yrs.  
 5 Yrs.       6 Yrs.       7 Yrs.       Lifetime  
 See company's notes, pp 119-142

**Nursing Home Daily Benefit Amounts**

- \$90 minimum to \$400 maximum per [day, week or month] offered in increments of \$10.
- per day       per week       per month  
 See notes, pp 119-142       Not Available

**Home Care Benefit Amounts**

- Represents the percentage of the Nursing Home Daily Benefit Amount.
- 100%       90%       80%       75%  
 70%       60%       50%  
 See company's notes, pp 119-142

**Elimination Periods**

- 0 days       60 days       TYPE  
 20 days       90 days       Calendar Day  
 30 days       100 days       Service Day

**Inflation Protection**

- 5% Compound       Guaranteed Purchase Option  
 5% Simple       See company's notes, pp 119-142

**Residential Care Facility Daily Benefit Amounts**

- Represents the percentage of the Nursing Home Daily Benefit Amount.
- 100%       90%       80%       75%  
 70%       See company's notes, pp 119-142

**Waiver of Premium**

Takes effect upon benefit eligibility(after elimination period is satisfied)

**Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.**

20* Day Elimination Period.			100** Day Elimination Period.		100** Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit		Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$615	\$1,391	\$534	\$1,210	\$9,849	\$2,412
55	\$677	\$1,502	\$589	\$1,306	\$1,100	\$2,618
60	\$955	\$1,871	\$830	\$1,627	\$1,538	\$3,343
65	\$1,415	\$2,523	\$1,231	\$2,194	\$2,288	\$4,444
70	\$2,320	\$3,798	\$2,018	\$3,303	\$3,732	\$6,403
75	\$4,059	\$6,111	\$3,530	\$5,314	\$6,407	\$9,939
80	\$6,672	\$9,569	\$5,802	\$8,321	\$10,311	\$15,121

Refer to Rate History Section for information on premium increases for this company.

[\* Carrier does not offer a 30-day elimination period.]

[\*\* Carrier does not offer a 90-day elimination period.]

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

**Maximum Policy Benefit Amounts**

- 1 Yr.       2 Yrs.       3 Yrs.       4 Yrs.
- 5 Yrs.       6 Yrs.       7 Yrs.       Lifetime
- See company's notes, pp 119-142

**Elimination Periods**

- 0 days       60 days      TYPE
- 20 days       90 days       Calendar Day
- 30 days       100 days       Service Day

**Nursing Home Daily Benefit Amounts**

\$90 minimum to \$400 maximum per [day, week or month] offered in increments of \$10.

- per day       per week       per month
- See notes, pp 119-142       Not Available

**Inflation Protection**

- 5% Compound       Guaranteed Purchase Option
- 5% Simple       See company's notes, pp 119-142

**Home Care Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%       90%       80%       75%
- 70%       60%       50%
- See company's notes, pp 119-142

**Residential Care Facility Daily Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%       90%       80%       75%
- 70%       See company's notes, pp 119-142

**Waiver of Premium**

Takes effect upon benefit eligibility(after elimination period is satisfied)

**Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.**

20* Day Elimination Period.			100** Day Elimination Period.		100** Day Elimination Period.	
<b>3 Year Maximum Policy Benefit</b>			<b>3 Year Maximum Policy Benefit</b>		<b>Lifetime Benefit</b>	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$931	<b>\$2,273</b>	\$810	<b>\$1,977</b>	Not Available	<b>Not Available</b>
55	\$1,039	<b>\$2,457</b>	\$903	<b>\$2,137</b>	Not Available	<b>Not Available</b>
60	\$1,460	<b>\$3,042</b>	\$1,270	<b>\$2,645</b>	Not Available	<b>Not Available</b>
65	\$2,153	<b>\$4,069</b>	\$1,872	<b>\$3,538</b>	Not Available	<b>Not Available</b>
70	\$3,515	<b>\$6,070</b>	\$3,057	<b>\$5,278</b>	Not Available	<b>Not Available</b>
75	\$6,174	<b>\$9,686</b>	\$5,369	<b>\$8,423</b>	Not Available	<b>Not Available</b>
80	\$10,002	<b>\$14,772</b>	\$8,697	<b>\$12,846</b>	Not Available	<b>Not Available</b>

Refer to Rate History Section for information on premium increases for this company.

[\* Carrier does not offer a 30-day elimination period.]

[\*\* Carrier does not offer a 90-day elimination period.]

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

**Maximum Policy Benefit Amounts**

- 1 Yr.       2 Yrs.       3 Yrs.       4 Yrs.  
 5 Yrs.       6 Yrs.       7 Yrs.       Lifetime  
 See company's notes, pp 119-142

**Elimination Periods**

- 0 days       60 days       TYPE  
 20 days       90 days       Calendar Day  
 30 days       100 days       Service Day

**Nursing Home Daily Benefit Amounts**

- \$90 minimum to \$400 maximum per [day, week or month] offered in increments of \$10.
- per day       per week       per month  
 See notes, pp 119-142       Not Available

**Inflation Protection**

- 5% Compound       Guaranteed Purchase Option  
 5% Simple       See company's notes, pp 119-142

**Home Care Benefit Amounts**

- Represents the percentage of the Nursing Home Daily Benefit Amount.
- 100%       90%       80%       75%  
 70%       60%       50%  
 See company's notes, pp 119-142

**Residential Care Facility Daily Benefit Amounts**

- Represents the percentage of the Nursing Home Daily Benefit Amount.
- 100%       90%       80%       75%  
 70%       See company's notes, pp 119-142

**Waiver of Premium**

Takes effect upon benefit eligibility (after elimination period is satisfied).

**Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.**

20* Day Elimination Period.			100** Day Elimination Period.		100** Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit		Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$541	\$1,316	\$471	\$1,145	\$871	\$2,309
55	\$594	\$1,422	\$517	\$1,236	\$973	\$2,505
60	\$841	\$1,772	\$731	\$1,541	\$1,366	\$3,202
65	\$1,252	\$2,313	\$1,089	\$2,081	\$2,046	\$4,262
70	\$2,071	\$3,610	\$1,801	\$3,139	\$3,370	\$6,150
75	\$3,676	\$5,818	\$3,196	\$5,060	\$5,870	\$9,562
80	\$6,153	\$9,148	\$5,350	\$7,955	\$9,611	\$14,596

Refer to Rate History Section for information on premium increases for this company.

[\* Carrier does not offer a 30-day elimination period.]

[\*\* Carrier does not offer a 90-day elimination period.]

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

**Maximum Policy Benefit Amounts**

- 1 Yr.       2 Yrs.       3 Yrs.       4 Yrs.
- 5 Yrs.       6 Yrs.       7 Yrs.       Lifetime
- See company's notes, pp 119-142

**Elimination Periods**

- 0 days       60 days      TYPE
- 20 days       90 days       Calendar Day
- 30 days       100 days       Service Day

**Nursing Home Daily Benefit Amounts**

\$50 minimum to \$500 maximum per [day, week or month] offered in increments of \$10.

- per day       per week       per month
- See notes, pp 119-142       Not Available

**Inflation Protection**

- 5% Compound       Guaranteed Purchase Option
- 5% Simple       See company's notes, pp 119-142

**Home Care Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%       90%       80%       75%
- 70%       60%       50%
- See company's notes, pp 119-142

**Residential Care Facility Daily Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%       90%       80%       75%
- 70%       See company's notes, pp 119-142

**Waiver of Premium**

Premiums for the policy and attached riders will be waived after confinement in a nursing/residential facility for a period of 90 days. Any unearned premium is refunded on pro rata basis. Premiums are waived until facility confinement ends.

**Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.**

30 Day Elimination Period.			90 Day Elimination Period.		90 Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit		Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$407	\$1,221	\$339	\$1,017	\$538	\$1,615
55	\$509	\$1,322	\$424	\$1,102	\$673	\$1,749
60	\$678	\$1,594	\$565	\$1,328	\$897	\$2,108
65	\$1,017	\$2,035	\$848	\$1,695	\$1,346	\$2,691
70	\$1,560	\$2,652	\$1,300	\$2,210	\$2,063	\$3,507
75	\$2,848	\$4,272	\$2,373	\$3,560	\$3,767	\$5,651
80	\$4,408	\$6,391	\$3,673	\$5,326	\$5,830	\$8,454

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

**Maximum Policy Benefit Amounts**

- 1 Yr.       2 Yrs.       3 Yrs.       4 Yrs.  
 5 Yrs.       6 Yrs.       7 Yrs.       Lifetime  
 See company's notes, pp 119-142

**Elimination Periods**

- 0 days       60 days        
 20 days       90 days       Calendar Day  
 30 days       100 days       Service Day

**Nursing Home Daily Benefit Amounts**

\$50 minimum to \$400 maximum per [day, week or month] offered in increments of \$10.

- per day       per week       per month  
 See notes, pp 119-142       Not Available

**Inflation Protection**

- 5% Compound       Guaranteed Purchase Option  
 5% Simple       See company's notes, pp 119-142

**Home Care Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%       90%       80%       75%  
 70%       60%       50%  
 See company's notes, pp 119-142

**Residential Care Facility Daily Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%       90%       80%       75%  
 70%       See company's notes, pp 119-142

**Waiver of Premium**

Lifetime WP if in NH 180 days; Joint WP and Survivorship WP are available at extra cost.

**Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.**

20* Day Elimination Period.			100** Day Elimination Period.		100** Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit		Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$540	\$1,562	\$421	\$1,217	\$898	\$2,596
55	\$687	\$1,849	\$536	\$1,441	\$1,043	\$2,804
60	\$852	\$2,070	\$664	\$1,613	\$1,411	\$3,430
65	\$1,200	\$2,544	\$935	\$1,982	\$2,117	\$4,489
70	\$1,878	\$3,418	\$1,463	\$2,663	\$3,352	\$6,101
75	\$3,161	\$4,962	\$2,463	\$3,866	\$6,095	\$9,569
80	Not Available	Not Available	\$4,183	\$5,856	Not Available	Not Available

Refer to Rate History Section for information on premium increases for this company.

[\* Carrier does not offer a 30-day elimination period.]

[\*\* Carrier does not offer a 90-day elimination period.]

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

**Maximum Policy Benefit Amounts**

- 1 Yr.       2 Yrs.       3 Yrs.       4 Yrs.
- 5 Yrs.       6 Yrs.       7 Yrs.       Lifetime
- See company's notes, pp 119-142

**Elimination Periods**

- 0 days       60 days      TYPE
- 20 days       90 days       Calendar Day
- 30 days       100 days       Service Day

**Nursing Home Daily Benefit Amounts**

\$40 minimum to \$300 maximum per [day, week or month] offered in increments of \$10.

- per day       per week       per month
- See notes, pp 119-142       Not Available

**Inflation Protection**

- 5% Compound       Guaranteed Purchase Option
- 5% Simple       See company's notes, pp 119-142

**Home Care Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%       90%       80%       75%
- 70%       60%       50%
- See company's notes, pp 119-142

**Residential Care Facility Daily Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%       90%       80%       75%
- 70%       See company's notes, pp 119-142

**Waiver of Premium**

For Confined Care, prems are waived after 90 consecutive day of confinement beyond the Elim Period. For Home Care, prems are waived after covered home care services are rec'd on a regular basis (at least 3 days out of every 7) for 90 consecutive days

**Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.**

20* Day Elimination Period.			90 Day Elimination Period.		90 Day Elimination Period.	
<b>3 Year Maximum Policy Benefit</b>			<b>3 Year Maximum Policy Benefit</b>		<b>Lifetime Benefit</b>	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$449	<b>\$1,387</b>	\$378	<b>\$1,168</b>	\$631	<b>\$1,950</b>
55	\$698	<b>\$1,767</b>	\$586	<b>\$1,482</b>	\$923	<b>\$2,335</b>
60	\$1,004	<b>\$2,129</b>	\$840	<b>\$1,781</b>	\$1,242	<b>\$2,633</b>
65	\$1,416	<b>\$2,563</b>	\$1,186	<b>\$2,146</b>	\$1,693	<b>\$3,065</b>
70	\$2,173	<b>\$3,629</b>	\$1,789	<b>\$2,988</b>	\$2,512	<b>\$4,194</b>
75	\$3,756	<b>\$6,085</b>	\$3,062	<b>\$4,961</b>	\$4,248	<b>\$6,882</b>
80	Not Available	<b>Not Available</b>	\$5,303	<b>\$7,583</b>	\$7,514	<b>\$10,746</b>

Refer to Rate History Section for information on premium increases for this company.

[\* Carrier does not offer a 30-day elimination period.]

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

**Maximum Policy Benefit Amounts**

- 1 Yr.       2 Yrs.       3 Yrs.       4 Yrs.
- 5 Yrs.       6 Yrs.       7 Yrs.       Lifetime
- See company's notes, pp 119-142

**Nursing Home Daily Benefit Amounts**

\$100 minimum to \$400 maximum per [day, week or month] offered in increments of \$10.

- per day       per week       per month
- See notes, pp 119-142       Not Available

**Home Care Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%       90%       80%       75%
- 70%       60%       50%
- See company's notes, pp 119-142

**Elimination Periods**

- 0 days       60 days       **TYPE**
- 20 days       90 days       Calendar Day
- 30 days       100 days       Service Day

**Inflation Protection**

- 5% Compound       Guaranteed Purchase Option
- 5% Simple       See company's notes, pp 119-142

**Residential Care Facility Daily Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%       90%       80%       75%
- 70%       See company's notes, pp 119-142

**Waiver of Premium**

Confined Care premiums after the Elimination Period. Home Health Care premiums are waived after covered home services are received on a regular basis (at least 8 days per month) beyond the Elimination Period.

**Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.**

30 Day Elimination Period.			90 Day Elimination Period.		90 Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit		Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$731	<b>\$1,644</b>	\$585	<b>\$1,315</b>	\$930	<b>\$2,093</b>
55	\$849	<b>\$1,851</b>	\$679	<b>\$1,481</b>	\$1,080	<b>\$2,354</b>
60	\$1,084	<b>\$2,321</b>	\$868	<b>\$1,859</b>	\$1,359	<b>\$2,908</b>
65	\$1,603	<b>\$3,191</b>	\$1,283	<b>\$2,553</b>	\$2,034	<b>\$4,048</b>
70	\$2,910	<b>\$4,917</b>	\$2,328	<b>\$3,934</b>	\$3,563	<b>\$6,021</b>
75	\$4,814	<b>\$7,125</b>	\$3,851	<b>\$5,700</b>	\$5,877	<b>\$8,697</b>
80	Not Available	<b>Not Available</b>	Not Available	<b>Not Available</b>	Not Available	<b>Not Available</b>

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

**Maximum Policy Benefit Amounts**

- 1 Yr.       2 Yrs.       3 Yrs.       4 Yrs.
- 5 Yrs.       6 Yrs.       7 Yrs.       Lifetime
- See company's notes, pp 119-142

**Elimination Periods**

- 0 days       60 days       TYPE
- 20 days       90 days       Calendar Day
- 30 days       100 days       Service Day

**Nursing Home Daily Benefit Amounts**

\$50 minimum to \$400 maximum per [day, week or month] offered in increments of \$1.

- per day       per week       per month
- See notes, pp 119-142       Not Available

**Inflation Protection**

- 5% Compound       Guaranteed Purchase Option
- 5% Simple       See company's notes, pp 119-142

**Home Care Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%       90%       80%       75%
- 70%       60%       50%
- See company's notes, pp 119-142

**Residential Care Facility Daily Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%       90%       80%       75%
- 70%       See company's notes, pp 119-142

**Waiver of Premium**

Premiums will be waived beginning on the first day that benefits are payable after the Waiting Period has been satisfied. Premiums will continue to be waived until no benefits are payable for 30 consecutive days.

**Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.**

20* Day Elimination Period.			90 Day Elimination Period.		90 Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit		Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$493	\$1,581	\$338	\$1,083	\$589	\$1,955
55	\$740	\$2,083	\$507	\$1,427	\$873	\$2,550
60	\$1,020	\$2,521	\$698	\$1,727	\$1,188	\$3,052
65	\$1,509	\$3,235	\$1,033	\$2,215	\$1,734	\$3,870
70	\$2,303	\$4,303	\$1,578	\$2,947	\$2,616	\$5,113
75	\$3,985	\$6,489	\$2,730	\$4,444	\$4,517	\$7,697
80	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available

Refer to Rate History Section for information on premium increases for this company.

[\* Carrier does not offer a 30-day elimination period.]

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

**Maximum Policy Benefit Amounts**

- 1 Yr.     2 Yrs.     3 Yrs.     4 Yrs.  
 5 Yrs.     6 Yrs.     7 Yrs.     Lifetime  
 See company's notes, pp 119-142

**Elimination Periods**

- 0 days     60 days     TYPE  
 20 days     90 days     Calendar Day  
 30 days     100 days     Service Day

**Nursing Home Daily Benefit Amounts**

\$50 minimum to \$400 maximum per [day, week or month] offered in increments of \$10.

- per day     per week     per month  
 See notes, pp 119-142     Not Available

**Inflation Protection**

- 5% Compound     Guaranteed Purchase Option  
 5% Simple     See company's notes, pp 119-142

**Home Care Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%     90%     80%     75%  
 70%     60%     50%  
 See company's notes, pp 119-142

**Residential Care Facility Daily Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%     90%     80%     75%  
 70%     See company's notes, pp 119-142

**Waiver of Premium**

Premiums will be waived once the policyowner has met the need for long-term care outlined in the contract.

**Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.**

42* Day Elimination Period.			84** Day Elimination Period.		84** Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit		Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$641	\$2,345	\$557	\$2,038	\$809	\$3,182
55	\$789	\$2,504	\$686	\$2,176	\$1,004	\$3,384
60	\$1,042	\$2,826	\$906	\$2,457	\$1,330	\$3,768
65	\$1,424	\$3,306	\$1,238	\$2,874	\$1,819	\$4,365
70	\$2,261	\$4,505	\$1,966	\$3,917	\$2,887	\$5,895
75	\$3,726	\$6,429	\$3,240	\$5,591	\$4,733	\$8,337
80	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available

Refer to Rate History Section for information on premium increases for this company.

[\* Carrier does not offer a 30-day elimination period.]

[\*\* Carrier does not offer a 90-day elimination period.]

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

**Maximum Policy Benefit Amounts**

- 1 Yr.     2 Yrs.     3 Yrs.     4 Yrs.  
 5 Yrs.     6 Yrs.     7 Yrs.     Lifetime  
 See company's notes, pp 119-142

**Elimination Periods**

- 0 days     60 days     TYPE  
 20 days     90 days     Calendar Day  
 30 days     100 days     Service Day

**Nursing Home Daily Benefit Amounts**

\$50 minimum to \$300 maximum per [day, week or month] offered in increments of \$10.

- per day     per week     per month  
 See notes, pp 119-142     Not Available

**Inflation Protection**

- 5% Compound     Guaranteed Purchase Option  
 5% Simple     See company's notes, pp 119-142

**Home Care Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%     90%     80%     75%  
 70%     60%     50%  
 See company's notes, pp 119-142

**Residential Care Facility Daily Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%     90%     80%     75%  
 70%     See company's notes, pp 119-142

**Waiver of Premium**

Premiums will be waived when there are 91 days on which Qualifying Expenses are incurred OR the Elimination Period is met, if sooner.

**Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.**

45* Day Elimination Period.			90 Day Elimination Period.		90 Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit		Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$641	\$2,345	\$557	\$2,038	\$809	\$3,182
55	\$789	\$2,504	\$686	\$2,176	\$1,004	\$3,384
60	\$1,042	\$2,826	\$906	\$2,457	\$1,330	\$3,768
65	\$1,424	\$3,306	\$1,238	\$2,874	\$1,819	\$4,365
70	\$2,261	\$4,505	\$1,966	\$3,917	\$2,887	\$5,895
75	\$3,726	\$6,429	\$3,240	\$5,591	\$4,733	\$8,337
80	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available

Refer to Rate History Section for information on premium increases for this company.

[\* Carrier does not offer a 30-day elimination period.]

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

**Maximum Policy Benefit Amounts**

- 1 Yr.       2 Yrs.       3 Yrs.       4 Yrs.
- 5 Yrs.       6 Yrs.       7 Yrs.       Lifetime
- See company's notes, pp 119-142

**Elimination Periods**

- 0 days       60 days       TYPE
- 20 days       90 days       Calendar Day
- 30 days       100 days       Service Day

**Nursing Home Daily Benefit Amounts**

\$50 minimum to \$500 maximum per [day, week or month] offered in increments of \$10.

- per day       per week       per month
- See notes, pp 119-142       Not Available

**Inflation Protection**

- 5% Compound       Guaranteed Purchase Option
- 5% Simple       See company's notes, pp 119-142

**Home Care Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%       90%       80%       75%
- 70%       60%       50%
- See company's notes, pp 119-142

**Residential Care Facility Daily Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%       90%       80%       75%
- 70%       See company's notes, pp 119-142

**Waiver of Premium**

If benefits are received for 90 continuous day for confinement to a Nursing Facility or Residential Care Facility and/or for Homemaker Services, Home Health Care, Personal Care, Adult Day Care or Hospice Services on a regular basis, (a regular basis is five days or more per week), we will waive the payment of premiums for the Policy and any attached riders.

**Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.**

30 Day Elimination Period.			100** Day Elimination Period.		100** Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit		Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$509	<b>\$1,104</b>	\$482	<b>\$1,047</b>	\$774	<b>\$1,547</b>
55	\$605	<b>\$1,238</b>	\$573	<b>\$1,174</b>	\$910	<b>\$1,775</b>
60	\$835	<b>\$1,565</b>	\$792	<b>\$1,483</b>	\$1,219	<b>\$2,339</b>
65	\$1,200	<b>\$2,131</b>	\$1,138	<b>\$2,020</b>	\$1,784	<b>\$3,294</b>
70	\$1,882	<b>\$3,149</b>	\$1,784	<b>\$2,985</b>	\$2,839	<b>\$4,841</b>
75	\$3,322	<b>\$5,107</b>	\$3,149	<b>\$4,841</b>	\$5,023	<b>\$8,108</b>
80	\$6,499	<b>\$9,034</b>	\$6,161	<b>\$8,563</b>	\$10,065	<b>\$14,970</b>

Refer to Rate History Section for information on premium increases for this company.

[\*\* Carrier does not offer a 90-day elimination period.]

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

**Maximum Policy Benefit Amounts**

- 1 Yr.       2 Yrs.       3 Yrs.       4 Yrs.
- 5 Yrs.       6 Yrs.       7 Yrs.       Lifetime
- See company's notes, pp 119-142

**Elimination Periods**

- 0 days       60 days      TYPE
- 20 days       90 days       Calendar Day
- 30 days       100 days       Service Day

**Nursing Home Daily Benefit Amounts**

\$50 minimum to \$300 maximum per [day, week or month] offered in increments of \$25.

- per day       per week       per month
- See notes, pp 119-142       Not Available

**Inflation Protection**

- 5% Compound       Guaranteed Purchase Option
- 5% Simple       See company's notes, pp 119-142

**Home Care Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%       90%       80%       75%
- 70%       60%       50%
- See company's notes, pp 119-142

**Residential Care Facility Daily Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%       90%       80%       75%
- 70%       See company's notes, pp 119-142

**Waiver of Premium**

The insured must receive long term care benefits for 90 days before premiums are waived. Waived benefits will continue as long as the insured is receiving long term care benefits.

**Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.**

20* Day Elimination Period.			90 Day Elimination Period.		90 Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit		Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	Not Available	Not Available	Not Available	Not Available	\$304	\$617
55	Not Available	Not Available	Not Available	Not Available	\$332	\$674
60	Not Available	Not Available	Not Available	Not Available	\$443	\$837
65	Not Available	Not Available	Not Available	Not Available	\$753	\$1,288
70	Not Available	Not Available	Not Available	Not Available	\$1,273	\$1,973
75	Not Available	Not Available	Not Available	Not Available	\$2,053	\$2,915
80	Not Available	Not Available	Not Available	Not Available	\$3,407	\$4,634

Refer to Rate History Section for information on premium increases for this company.

[\* Carrier does not offer a 30-day elimination period.]

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

**Maximum Policy Benefit Amounts**

- 1 Yr.       2 Yrs.       3 Yrs.       4 Yrs.
- 5 Yrs.       6 Yrs.       7 Yrs.       Lifetime
- See company's notes, pp 119-142

**Elimination Periods**

- 0 days       60 days       TYPE
- 20 days       90 days       Calendar Day
- 30 days       100 days       Service Day

**Nursing Home Daily Benefit Amounts**

\$1500 minimum to \$12000 maximum per [day, week or month] offered in increments of \$100.

- per day       per week       per month
- See notes, pp 119-142       Not Available

**Inflation Protection**

- 5% Compound       Guaranteed Purchase Option
- 5% Simple       See company's notes, pp 119-142

**Home Care Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%       90%       80%       75%
- 70%       60%       50%
- See company's notes, pp 119-142

**Residential Care Facility Daily Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%       90%       80%       75%
- 70%       See company's notes, pp 119-142

**Waiver of Premium**

We waive premium 180 calendar days after eligible for benefits. This applies to both Facility Care and Home and Community Care and does not require any out of pocket expense.

**Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.**

Issue Age	30 Day Elimination Period.		90 Day Elimination Period.		90 Day Elimination Period.	
	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
	<b>3 Year Maximum Policy Benefit</b>		<b>3 Year Maximum Policy Benefit</b>		<b>Lifetime Benefit</b>	
50	\$573	<b>\$1,438</b>	\$490	<b>\$1,229</b>	\$803	<b>\$2,360</b>
55	\$725	<b>\$1,681</b>	\$619	<b>\$1,437</b>	\$1,015	<b>\$2,751</b>
60	\$976	<b>\$2,099</b>	\$834	<b>\$1,794</b>	\$1,368	<b>\$3,365</b>
65	\$1,413	<b>\$2,699</b>	\$1,208	<b>\$2,307</b>	\$1,980	<b>\$4,336</b>
70	\$2,292	<b>\$3,919</b>	\$1,959	<b>\$3,350</b>	\$3,211	<b>\$5,973</b>
75	\$4,036	<b>\$6,256</b>	\$3,450	<b>\$5,347</b>	\$5,656	<b>\$9,275</b>
80	\$5,889	<b>\$8,539</b>	\$5,033	<b>\$7,298</b>	\$8,251	<b>\$12,377</b>

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

**Maximum Policy Benefit Amounts**

- 1 Yr.     2 Yrs.     3 Yrs.     4 Yrs.  
 5 Yrs.     6 Yrs.     7 Yrs.     Lifetime  
 See company's notes, pp 119-142

**Elimination Periods**

- 0 days     60 days     TYPE  
 20 days     90 days     Calendar Day  
 30 days     100 days     Service Day

**Nursing Home Daily Benefit Amounts**

\$50 minimum to \$500 maximum per [day, week or month] offered in increments of \$10.

- per day     per week     per month  
 See notes, pp 119-142     Not Available

**Inflation Protection**

- 5% Compound     Guaranteed Purchase Option  
 5% Simple     See company's notes, pp 119-142

**Home Care Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%     90%     80%     75%  
 70%     60%     50%  
 See company's notes, pp 119-142

**Residential Care Facility Daily Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%     90%     80%     75%  
 70%     See company's notes, pp 119-142

**Waiver of Premium**

After satisfaction of the Elimination period and receiving benefits, premiums will be waived. Premium paid for the Elimination Period will be refunded upon waiver approval.

**Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.**

30 Day Elimination Period.			90 Day Elimination Period.		90 Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit		Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$777	\$2,453	\$647	\$2,044	\$1,262	\$3,604
55	\$966	\$2,919	\$805	\$2,432	\$1,501	\$4,262
60	\$1,311	\$3,457	\$1,092	\$289	\$1,941	\$5,017
65	\$2,005	\$4,383	\$1,671	\$3,652	\$2,890	\$6,409
70	\$3,101	\$5,861	\$2,584	\$4,884	\$4,420	\$8,795
75	\$5,068	\$8,044	\$4,224	\$6,703	\$7,271	\$12,163
80	\$7,953	\$11,120	\$6,627	\$9,267	\$11,387	\$16,838

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

**Maximum Policy Benefit Amounts**

- 1 Yr.     2 Yrs.     3 Yrs.     4 Yrs.  
 5 Yrs.     6 Yrs.     7 Yrs.     Lifetime  
 See company's notes, pp 119-142

**Elimination Periods**

- 0 days     60 days     TYPE  
 20 days     90 days     Calendar Day  
 30 days     100 days     Service Day

**Nursing Home Daily Benefit Amounts**

\$50 minimum to \$500 maximum per [day, week or month] offered in increments of \$10.

- per day     per week     per month  
 See notes, pp 119-142     Not Available

**Inflation Protection**

- 5% Compound     Guaranteed Purchase Option  
 5% Simple     See company's notes, pp 119-142

**Home Care Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%     90%     80%     75%  
 70%     60%     50%  
 See company's notes, pp 119-142

**Residential Care Facility Daily Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%     90%     80%     75%  
 70%     See company's notes, pp 119-142

**Waiver of Premium**

After satisfaction of the Elimination period and receiving benefits, premiums will be waived. Premium paid for the Elimination Period will be refunded upon waiver approval.

**Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.**

30 Day Elimination Period.			90 Day Elimination Period.		90 Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit		Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$1,200	\$3,962	\$1,000	\$3,302	\$1,951	\$5,821
55	\$1,493	\$4,715	\$1,244	\$3,929	\$2,320	\$6,884
60	\$2,026	\$5,584	\$1,688	\$4,653	\$2,999	\$8,105
65	\$3,098	\$7,080	\$2,582	\$5,900	\$4,466	\$10,352
70	\$4,793	\$9,467	\$3,994	\$7,889	\$6,831	\$14,208
75	\$7,833	\$12,994	\$6,528	\$10,828	\$11,238	\$19,648
80	\$12,290	\$17,964	\$10,242	\$14,970	\$17,598	\$27,200

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

**Maximum Policy Benefit Amounts**

- 1 Yr.       2 Yrs.       3 Yrs.       4 Yrs.
- 5 Yrs.       6 Yrs.       7 Yrs.       Lifetime
- See company's notes, pp 119-142

**Elimination Periods**

- 0 days       60 days      TYPE
- 20 days       90 days       Calendar Day
- 30 days       100 days       Service Day

**Nursing Home Daily Benefit Amounts**

\$50 minimum to \$500 maximum per [day, week or month] offered in increments of \$10.

- per day       per week       per month
- See notes, pp 119-142       Not Available

**Inflation Protection**

- 5% Compound       Guaranteed Purchase Option
- 5% Simple       See company's notes, pp 119-142

**Home Care Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%       90%       80%       75%
- 70%       60%       50%
- See company's notes, pp 119-142

**Residential Care Facility Daily Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%       90%       80%       75%
- 70%       See company's notes, pp 119-142

**Waiver of Premium**

After satisfaction of the Elimination period and receiving benefits, premiums will be waived. Premium paid for the Elimination Period will be refunded upon waiver approval.

**Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.**

30 Day Elimination Period.			90 Day Elimination Period.		90 Day Elimination Period.	
<b>3 Year Maximum Policy Benefit</b>			<b>3 Year Maximum Policy Benefit</b>		<b>Lifetime Benefit</b>	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$706	<b>\$1,887</b>	\$588	<b>\$1,572</b>	\$1,147	<b>\$2,772</b>
55	\$878	<b>\$2,245</b>	\$732	<b>\$1,871</b>	\$1,365	<b>\$3,278</b>
60	\$1,192	<b>\$2,659</b>	\$993	<b>\$2,216</b>	\$1,764	<b>\$3,895</b>
65	\$1,822	<b>\$3,371</b>	\$1,519	<b>\$2,810</b>	\$2,627	<b>\$4,930</b>
70	\$2,819	<b>\$4,508</b>	\$2,349	<b>\$3,757</b>	\$4,018	<b>\$6,766</b>
75	\$4,608	<b>\$6,179</b>	\$3,840	<b>\$5,156</b>	\$6,610	<b>\$9,356</b>
80	\$7,230	<b>\$8,554</b>	\$6,025	<b>\$7,128</b>	\$10,352	<b>\$12,953</b>

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

**Maximum Policy Benefit Amounts**

- 1 Yr.       2 Yrs.       3 Yrs.       4 Yrs.
- 5 Yrs.       6 Yrs.       7 Yrs.       Lifetime
- See company's notes, pp 119-142

**Elimination Periods**

- 0 days       60 days       TYPE
- 20 days       90 days       Calendar Day
- 30 days       100 days       Service Day

**Nursing Home Daily Benefit Amounts**

\$75 minimum to \$400 maximum per [day, week or month] offered in increments of \$25.

- per day       per week       per month
- See notes, pp 119-142       Not Available

**Inflation Protection**

- 5% Compound       Guaranteed Purchase Option
- 5% Simple       See company's notes, pp 119-142

**Home Care Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%       90%       80%       75%
- 70%       60%       50%
- See company's notes, pp 119-142

**Residential Care Facility Daily Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%       90%       80%       75%
- 70%       See company's notes, pp 119-142

**Waiver of Premium**

Premiums are waived after 90 days of Qualified LTC Services. The days do not have to be consecutive but they can not be separated by more than 15 consecutive days.

**Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.**

Day Elimination Period. <b>3 Year Maximum Policy Benefit</b>			Day Elimination Period. <b>3 Year Maximum Policy Benefit</b>			Day Elimination Period. <b>Lifetime Benefit</b>		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$445	<b>\$1,102</b>	\$414	<b>\$1,019</b>	\$693	<b>\$1,584</b>		
55	\$579	<b>\$1,298</b>	\$525	<b>\$1,197</b>	\$908	<b>\$1,906</b>		
60	\$818	<b>\$1,630</b>	\$739	<b>\$1,498</b>	\$1,294	<b>\$2,495</b>		
65	\$1,169	<b>\$2,125</b>	\$1,053	<b>\$1,933</b>	\$1,867	<b>\$3,360</b>		
70	\$2,083	<b>\$3,306</b>	\$1,869	<b>\$2,991</b>	\$3,203	<b>\$5,159</b>		
75	\$3,433	<b>\$5,118</b>	\$3,041	<b>\$4,573</b>	\$5,356	<b>\$7,829</b>		
80	Not Available	<b>Not Available</b>	Not Available	<b>Not Available</b>	Not Available	<b>Not Available</b>		

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

**Maximum Policy Benefit Amounts**

- 1 Yr.       2 Yrs.       3 Yrs.       4 Yrs.
- 5 Yrs.       6 Yrs.       7 Yrs.       Lifetime
- See company's notes, pp 119-142

**Elimination Periods**

- 0 days       60 days       TYPE
- 20 days       90 days       Calendar Day
- 30 days       100 days       Service Day

**Nursing Home Daily Benefit Amounts**

\$100 minimum to \$500 maximum per [day, week or month] offered in increments of \$10.

- per day       per week       per month
- See notes, pp 119-142       Not Available

**Inflation Protection**

- 5% Compound       Guaranteed Purchase Option
- 5% Simple       See company's notes, pp 119-142

**Home Care Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%       90%       80%       75%
- 70%       60%       50%
- See company's notes, pp 119-142

**Residential Care Facility Daily Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%       90%       80%       75%
- 70%       See company's notes, pp 119-142

**Waiver of Premium**

Begins the day after Elimination Period is satisfied. Joint and Survivor Waivers of Premium are available as riders for an additional charge.

**Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.**

0* Day Elimination Period.			0** Day Elimination Period.		0** Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit		Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$727	\$1,645	\$581	\$1,316	Not Available	Not Available
55	\$916	\$1,953	\$733	\$1,562	Not Available	Not Available
60	\$1,156	\$2,318	\$925	\$1,854	Not Available	Not Available
65	\$1,695	\$3,088	\$1,356	\$2,471	Not Available	Not Available
70	\$2,834	\$4,647	\$2,267	\$3,718	Not Available	Not Available
75	\$5,023	\$7,513	\$4,019	\$6,010	Not Available	Not Available
80	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available

Refer to Rate History Section for information on premium increases for this company.

[\* Carrier does not offer a 30-day elimination period.]

[\*\* Carrier does not offer a 90-day elimination period.]

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

**Maximum Policy Benefit Amounts**

- 1 Yr.     2 Yrs.     3 Yrs.     4 Yrs.  
 5 Yrs.     6 Yrs.     7 Yrs.     Lifetime  
 See company's notes, pp 119-142

**Elimination Periods**

- 0 days     60 days     TYPE  
 20 days     90 days     Calendar Day  
 30 days     100 days     Service Day

**Nursing Home Daily Benefit Amounts**

\$50 minimum to \$300 maximum per [day, week or month] offered in increments of \$10.

- per day     per week     per month  
 See notes, pp 119-142     Not Available

**Inflation Protection**

- 5% Compound     Guaranteed Purchase Option  
 5% Simple     See company's notes, pp 119-142

**Home Care Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%     90%     80%     75%  
 70%     60%     50%  
 See company's notes, pp 119-142

**Residential Care Facility Daily Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%     90%     80%     75%  
 70%     See company's notes, pp 119-142

**Waiver of Premium**

Provided after confinement in a nursing facility or residential care facility for a period of 90 days, days need not be consecutive.

**Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.**

30 Day Elimination Period.			90 Day Elimination Period.		90 Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit		Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$315	\$789	\$263	\$658	\$405	\$1,012
55	\$421	\$947	\$351	\$789	\$540	\$1,215
60	\$561	\$1,123	\$468	\$936	\$720	\$1,440
65	\$912	\$1,642	\$760	\$1,368	\$1,170	\$2,106
70	\$1,509	\$2,490	\$1,257	\$2,075	\$1,935	\$3,192
75	\$2,281	\$3,422	\$1,901	\$2,851	\$2,925	\$4,387
80	\$4,036	\$5,651	\$3,363	\$4,709	\$5,175	\$7,245

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

**Maximum Policy Benefit Amounts**

- 1 Yr.       2 Yrs.       3 Yrs.       4 Yrs.
- 5 Yrs.       6 Yrs.       7 Yrs.       Lifetime
- See company's notes, pp 119-142

**Elimination Periods**

- 0 days       60 days      TYPE
- 20 days       90 days       Calendar Day
- 30 days       100 days       Service Day

**Nursing Home Daily Benefit Amounts**

- \$50 minimum to \$500 maximum per [day, week or month] offered in increments of \$10.
- per day       per week       per month
  - See notes, pp 119-142       Not Available

**Inflation Protection**

- 5% Compound       Guaranteed Purchase Option
- 5% Simple       See company's notes, pp 119-142

**Home Care Benefit Amounts**

- Represents the percentage of the Nursing Home Daily Benefit Amount.
- 100%       90%       80%       75%
  - 70%       60%       50%
  - See company's notes, pp 119-142

**Residential Care Facility Daily Benefit Amounts**

- Represents the percentage of the Nursing Home Daily Benefit Amount.
- 100%       90%       80%       75%
  - 70%       See company's notes, pp 119-142

**Waiver of Premium**

Premiums for the policy and attached riders will be waived after confinement in a nursing/residential facility for a period of 90 days. Any unearned premium is refunded on pro rata basis. Premiums are waived until facility confinement ends.

**Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.**

30 Day Elimination Period.			90 Day Elimination Period.		90 Day Elimination Period.	
<b>3 Year Maximum Policy Benefit</b>			<b>3 Year Maximum Policy Benefit</b>		<b>Lifetime Benefit</b>	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$402	<b>\$1,105</b>	\$335	<b>\$921</b>	\$578	<b>\$1,588</b>
55	\$485	<b>\$1,146</b>	\$405	<b>\$955</b>	\$698	<b>\$1,646</b>
60	\$673	<b>\$1,414</b>	\$561	<b>\$1,178</b>	\$968	<b>\$2,032</b>
65	\$914	<b>\$1,727</b>	\$761	<b>\$1,439</b>	\$1,313	<b>\$2,481</b>
70	\$1,347	<b>\$2,263</b>	\$1,122	<b>\$1,885</b>	\$1,935	<b>\$3,251</b>
75	\$2,688	<b>\$4,248</b>	\$2,240	<b>\$3,540</b>	\$3,863	<b>\$6,103</b>
80	\$4,035	<b>\$6,053</b>	\$3,362	<b>\$5,044</b>	\$5,798	<b>\$8,627</b>

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

**Maximum Policy Benefit Amounts**

- 1 Yr.     2 Yrs.     3 Yrs.     4 Yrs.  
 5 Yrs.     6 Yrs.     7 Yrs.     Lifetime  
 See company's notes, pp 119-142

**Elimination Periods**

- 0 days     60 days     **TYPE**  
 20 days     90 days     Calendar Day  
 30 days     100 days     Service Day

**Nursing Home Daily Benefit Amounts**

\$50 minimum to \$400 maximum per [day, week or month] offered in increments of \$10.

- per day     per week     per month  
 See notes, pp 119-142     Not Available

**Inflation Protection**

- 5% Compound     Guaranteed Purchase Option  
 5% Simple     See company's notes, pp 119-142

**Home Care Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%     90%     80%     75%  
 70%     60%     50%  
 See company's notes, pp 119-142

**Residential Care Facility Daily Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%     90%     80%     75%  
 70%     See company's notes, pp 119-142

**Waiver of Premium**

Automatically applies when qualifications are met. Will not apply when insured is receiving the Alternative Payment Benefit.

**Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.**

30 Day Elimination Period.			90 Day Elimination Period.		90 Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit		Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$589	\$1,685	\$484	\$1,384	\$1,008	\$2,883
55	\$749	\$1,994	\$615	\$1,637	\$1,169	\$3,115
60	\$928	\$2,233	\$762	\$1,834	\$1,583	\$3,809
65	\$1,307	\$2,744	\$1,074	\$2,254	\$2,375	\$4,985
70	\$2,046	\$3,687	\$1,680	\$3,028	\$3,760	\$6,776
75	\$3,443	\$5,352	\$2,828	\$4,396	\$6,837	\$10,627
80	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

**Maximum Policy Benefit Amounts**

- 1 Yr.       2 Yrs.       3 Yrs.       4 Yrs.
- 5 Yrs.       6 Yrs.       7 Yrs.       Lifetime
- See company's notes, pp 119-142

**Elimination Periods**

- 0 days       60 days      TYPE
- 20 days       90 days       Calendar Day
- 30 days       100 days       Service Day

**Nursing Home Daily Benefit Amounts**

\$1500 minimum to \$8000 maximum per [day, week or month] offered in increments of \$100.

- per day       per week       per month
- See notes, pp 119-142       Not Available

**Inflation Protection**

- 5% Compound       Guaranteed Purchase Option
- 5% Simple       See company's notes, pp 119-142

**Home Care Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%       90%       80%       75%
- 70%       60%       50%
- See company's notes, pp 119-142

**Residential Care Facility Daily Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%       90%       80%       75%
- 70%       See company's notes, pp 119-142

**Waiver of Premium**

After satisfaction of the Elimination Period and receiving benefits, premium will be waived. Premium paid for the Elimination Period will be refunded.

**Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.**

30 Day Elimination Period.			90 Day Elimination Period.		90 Day Elimination Period.	
<b>3 Year Maximum Policy Benefit</b>			<b>3 Year Maximum Policy Benefit</b>		<b>Lifetime Benefit</b>	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$425	<b>\$1,059</b>	\$354	<b>\$882</b>	\$677	<b>\$1,685</b>
55	\$521	<b>\$1,158</b>	\$425	<b>\$965</b>	\$812	<b>\$1,803</b>
60	\$745	<b>\$1,445</b>	\$621	<b>\$1,204</b>	\$1,124	<b>\$2,181</b>
65	\$1,166	<b>\$2,029</b>	\$972	<b>\$1,691</b>	\$1,691	<b>\$2,943</b>
70	\$1,879	<b>\$2,932</b>	\$1,566	<b>\$2,443</b>	\$2,695	<b>\$4,205</b>
75	\$3,110	<b>\$4,354</b>	\$2,591	<b>\$3,628</b>	\$4,406	<b>\$6,168</b>
80	Not Available	<b>Not Available</b>	\$4,106	<b>\$5,296</b>	\$6,921	<b>\$8,928</b>

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

**Maximum Policy Benefit Amounts**

- 1 Yr.       2 Yrs.       3 Yrs.       4 Yrs.  
 5 Yrs.       6 Yrs.       7 Yrs.       Lifetime  
 See company's notes, pp 119-142

**Nursing Home Daily Benefit Amounts**

\$1500 minimum to \$8000 maximum per [day, week or month] offered in increments of \$100.

- per day       per week       per month  
 See notes, pp 119-142       Not Available

**Home Care Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%       90%       80%       75%  
 70%       60%       50%  
 See company's notes, pp 119-142

**Elimination Periods**

- 0 days       60 days       **TYPE**  
 20 days       90 days       Calendar Day  
 30 days       100 days       Service Day

**Inflation Protection**

- 5% Compound       Guaranteed Purchase Option  
 5% Simple       See company's notes, pp 119-142

**Residential Care Facility Daily Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%       90%       80%       75%  
 70%       See company's notes, pp 119-142

**Waiver of Premium**

After satisfaction of the Elimination Period and receiving benefits, premium will be waived. Premium paid for the Elimination Period will be refunded.

**Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.**

30 Day Elimination Period.			90 Day Elimination Period.		90 Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit		Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$675	<b>\$1,682</b>	\$563	<b>\$1,402</b>	\$1,169	<b>\$2,912</b>
55	\$865	<b>\$1,920</b>	\$721	<b>\$1,600</b>	\$1,496	<b>\$3,321</b>
60	\$1,283	<b>\$2,488</b>	\$1,069	<b>\$2,074</b>	\$2,213	<b>\$4,294</b>
65	\$2,026	<b>\$3,524</b>	\$1,688	<b>\$2,937</b>	\$3,498	<b>\$6,087</b>
70	\$3,060	<b>\$4,774</b>	\$2,550	<b>\$3,978</b>	\$5,324	<b>\$8,305</b>
75	\$4,767	<b>\$6,674</b>	\$3,973	<b>\$5,562</b>	\$8,346	<b>\$11,685</b>
80	Not Available	<b>Not Available</b>	\$5,860	<b>\$7,560</b>	\$12,510	<b>\$16,138</b>

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Non-Tax Qualified.

**Maximum Policy Benefit Amounts**

- 1 Yr.       2 Yrs.       3 Yrs.       4 Yrs.
- 5 Yrs.       6 Yrs.       7 Yrs.       Lifetime
- See company's notes, pp 119-142

**Elimination Periods**

- 0 days       60 days      TYPE
- 20 days       90 days       Calendar Day
- 30 days       100 days       Service Day

**Nursing Home Daily Benefit Amounts**

\$50 minimum to \$300 maximum per [day, week or month] offered in increments of \$10.

- per day       per week       per month
- See notes, pp 119-142       Not Available

**Inflation Protection**

- 5% Compound       Guaranteed Purchase Option
- 5% Simple       See company's notes, pp 119-142

**Home Care Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%       90%       80%       75%
- 70%       60%       50%
- See company's notes, pp 119-142

**Residential Care Facility Daily Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%       90%       80%       75%
- 70%       See company's notes, pp 119-142

**Waiver of Premium**

Premiums waived after 90 days of receiving covered services, regardless if the elimination period has been satisfied. Premium is waived for the entire policy, including any attached riders and spouse's premium if covered under the same policy.

**Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.**

30 Day Elimination Period.			90 Day Elimination Period.		90 Day Elimination Period.	
<b>3 Year Maximum Policy Benefit</b>			<b>3 Year Maximum Policy Benefit</b>		<b>Lifetime Benefit</b>	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$457	<b>\$1,203</b>	\$411	<b>\$1,082</b>	\$726	<b>\$2,031</b>
55	\$606	<b>\$1,515</b>	\$544	<b>\$1,362</b>	\$957	<b>\$2,517</b>
60	\$865	<b>\$1,980</b>	\$778	<b>\$1,780</b>	\$1,349	<b>\$3,218</b>
65	\$1,304	<b>\$2,655</b>	\$1,172	<b>\$2,386</b>	\$2,000	<b>\$4,233</b>
70	\$2,102	<b>\$3,743</b>	\$1,889	<b>\$3,365</b>	\$3,170	<b>\$5,872</b>
75	\$3,375	<b>\$5,348</b>	\$3,034	<b>\$4,807</b>	\$4,946	<b>\$8,122</b>
80	\$5,248	<b>\$7,812</b>	\$4,717	<b>\$7,022</b>	Not Available	<b>Not Available</b>

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Non-Tax Qualified.

**Maximum Policy Benefit Amounts**

- 1 Yr.       2 Yrs.       3 Yrs.       4 Yrs.
- 5 Yrs.       6 Yrs.       7 Yrs.       Lifetime
- See company's notes, pp 119-142

**Nursing Home Daily Benefit Amounts**

\$40 minimum to \$300 maximum per [day, week or month] offered in increments of \$10.

- per day       per week       per month
- See notes, pp 119-142       Not Available

**Home Care Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%       90%       80%       75%
- 70%       60%       50%
- See company's notes, pp 119-142

**Elimination Periods**

- 0 days       60 days       TYPE
- 20 days       90 days       Calendar Day
- 30 days       100 days       Service Day

**Inflation Protection**

- 5% Compound       Guaranteed Purchase Option
- 5% Simple       See company's notes, pp 119-142

**Residential Care Facility Daily Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%       90%       80%       75%
- 70%       See company's notes, pp 119-142

**Waiver of Premium**

For Confined Care, prems are waived after 90 consecutive day of confinement beyond the Elim Period. For Home Care, prems are waived after covered home care services are rec'd on a regular basis (at least 3 days out of every 7) for 90 consecutive days beyond the Elim Pd.

**Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.**

20* Day Elimination Period.			90 Day Elimination Period.		90 Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit		Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$499	\$1,543	\$416	\$1,287	\$695	\$2,147
55	\$776	\$1,964	\$643	\$1,627	\$1,016	\$2,571
60	\$1,116	\$2,366	\$923	\$1,956	\$1,366	\$2,895
65	\$1,574	\$2,850	\$1,303	\$2,359	\$1,862	\$3,371
70	\$2,416	\$4,034	\$1,968	\$3,287	\$2,762	\$4,613
75	\$4,171	\$6,757	\$3,368	\$5,457	\$4,673	\$7,570
80	Not Available	Not Available	\$5,832	\$8,340	\$8,266	\$11,820

Refer to Rate History Section for information on premium increases for this company.

[\* Carrier does not offer a 30-day elimination period.]

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Non-Tax Qualified.

**Maximum Policy Benefit Amounts**

- 1 Yr.       2 Yrs.       3 Yrs.       4 Yrs.
- 5 Yrs.       6 Yrs.       7 Yrs.       Lifetime
- See company's notes, pp 119-142

**Elimination Periods**

- 0 days       60 days      TYPE
- 20 days       90 days       Calendar Day
- 30 days       100 days       Service Day

**Nursing Home Daily Benefit Amounts**

\$100 minimum to \$400 maximum per [day, week or month] offered in increments of \$10.

- per day       per week       per month
- See notes, pp 119-142       Not Available

**Inflation Protection**

- 5% Compound       Guaranteed Purchase Option
- 5% Simple       See company's notes, pp 119-142

**Home Care Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%       90%       80%       75%
- 70%       60%       50%
- See company's notes, pp 119-142

**Residential Care Facility Daily Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%       90%       80%       75%
- 70%       See company's notes, pp 119-142

**Waiver of Premium**

Confined care premiums are waived after the Elimination Period. Home Care premiums are waived after covered home services are received on a regular basis (at least 8 days per month) beyond the Elimination Period.

**Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.**

30 Day Elimination Period.			90 Day Elimination Period.		90 Day Elimination Period.	
<b>3 Year Maximum Policy Benefit</b>			<b>3 Year Maximum Policy Benefit</b>		<b>Lifetime Benefit</b>	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$635	<b>\$1,430</b>	\$508	<b>\$1,144</b>	\$809	<b>\$1,820</b>
55	\$739	<b>\$1,610</b>	\$591	<b>\$1,288</b>	\$939	<b>\$2,047</b>
60	\$943	<b>\$2,018</b>	\$754	<b>\$1,614</b>	\$1,182	<b>\$2,529</b>
65	\$1,394	<b>\$2,775</b>	\$1,115	<b>\$2,220</b>	\$1,769	<b>\$3,520</b>
70	\$2,530	<b>\$4,276</b>	\$2,024	<b>\$3,421</b>	\$3,097	<b>\$5,235</b>
75	\$4,186	<b>\$6,196</b>	\$3,349	<b>\$4,957</b>	\$5,110	<b>\$7,563</b>
80	Not Available	<b>Not Available</b>	Not Available	<b>Not Available</b>	Not Available	<b>Not Available</b>

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Non-Tax Qualified.

**Maximum Policy Benefit Amounts**

- 1 Yr.       2 Yrs.       3 Yrs.       4 Yrs.
- 5 Yrs.       6 Yrs.       7 Yrs.       Lifetime
- See company's notes, pp 119-142

**Elimination Periods**

- 0 days       60 days
- 20 days       90 days       Calendar Day
- 30 days       100 days       Service Day

**Nursing Home Daily Benefit Amounts**

\$50 minimum to \$500 maximum per [day, week or month] offered in increments of \$10.

- per day       per week       per month
- See notes, pp 119-142       Not Available

**Inflation Protection**

- 5% Compound       Guaranteed Purchase Option
- 5% Simple       See company's notes, pp 119-142

**Home Care Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%       90%       80%       75%
- 70%       60%       50%
- See company's notes, pp 119-142

**Residential Care Facility Daily Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%       90%       80%       75%
- 70%       See company's notes, pp 119-142

**Waiver of Premium**

If benefits are received for 90 continuous day for confinement to a Nursing Facility or Residential Care Facility and/or for Homemaker Services, Home Health Care, Personal Care, Adult Day Care or Hospice Services on a regular basis, (a regular basis is five days or more per week), we will waive the payment of premiums for the Policy and any attached riders.

**Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.**

30 Day Elimination Period.			100** Day Elimination Period.		100** Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit		Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$634	<b>\$1,392</b>	\$601	<b>\$1,320</b>	\$983	<b>\$1,966</b>
55	\$768	<b>\$1,584</b>	\$728	<b>\$1,502</b>	\$1,147	<b>\$2,248</b>
60	\$1,056	<b>\$1,987</b>	\$1,001	<b>\$1,884</b>	\$1,547	<b>\$2,976</b>
65	\$1,517	<b>\$2,707</b>	\$1,438	<b>\$2,566</b>	\$2,266	<b>\$4,186</b>
70	\$2,400	<b>\$3,994</b>	\$2,275	<b>\$3,786</b>	\$3,604	<b>\$6,133</b>
75	\$4,224	<b>\$6,480</b>	\$4,004	<b>\$6,143</b>	\$6,379	<b>\$10,301</b>
80	\$8,266	<b>\$11,482</b>	\$7,835	<b>\$10,884</b>	\$12,786	<b>\$19,010</b>

Refer to Rate History Section for information on premium increases for this company.

[\*\* Carrier does not offer a 90-day elimination period.]

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Non-Tax Qualified.

**Maximum Policy Benefit Amounts**

- 1 Yr.       2 Yrs.       3 Yrs.       4 Yrs.
- 5 Yrs.       6 Yrs.       7 Yrs.       Lifetime
- See company's notes, pp 119-142

**Elimination Periods**

- 0 days       60 days       TYPE
- 20 days       90 days       Calendar Day
- 30 days       100 days       Service Day

**Nursing Home Daily Benefit Amounts**

\$50 minimum to \$300 maximum per [day, week or month] offered in increments of \$25.

- per day       per week       per month
- See notes, pp 119-142       Not Available

**Inflation Protection**

- 5% Compound       Guaranteed Purchase Option
- 5% Simple       See company's notes, pp 119-142

**Home Care Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%       90%       80%       75%
- 70%       60%       50%
- See company's notes, pp 119-142

**Residential Care Facility Daily Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%       90%       80%       75%
- 70%       See company's notes, pp 119-142

**Waiver of Premium**

The insured must receive long term care benefits for 90 days before premiums are waived. Waived benefits will continue as long as the insured is receiving long term care benefits.

**Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.**

20* Day Elimination Period.			90 Day Elimination Period.		90 Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit		Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	Not Available	Not Available	Not Available	Not Available	\$312	\$633
55	Not Available	Not Available	Not Available	Not Available	\$341	\$692
60	Not Available	Not Available	Not Available	Not Available	\$455	\$860
65	Not Available	Not Available	Not Available	Not Available	\$774	\$1,324
70	Not Available	Not Available	Not Available	Not Available	\$1,309	\$2,029
75	Not Available	Not Available	Not Available	Not Available	\$2,111	\$2,998
80	Not Available	Not Available	Not Available	Not Available	\$3,502	\$4,762

Refer to Rate History Section for information on premium increases for this company.

[\* Carrier does not offer a 30-day elimination period.]

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Non-Tax Qualified.

**Maximum Policy Benefit Amounts**

- 1 Yr.       2 Yrs.       3 Yrs.       4 Yrs.
- 5 Yrs.       6 Yrs.       7 Yrs.       Lifetime
- See company's notes, pp 119-142

**Elimination Periods**

- 0 days       60 days       TYPE
- 20 days       90 days       Calendar Day
- 30 days       100 days       Service Day

**Nursing Home Daily Benefit Amounts**

\$1500 minimum to \$12000 maximum per [day, week or month] offered in increments of \$100.

- per day       per week       per month
- See notes, pp 119-142       Not Available

**Inflation Protection**

- 5% Compound       Guaranteed Purchase Option
- 5% Simple       See company's notes, pp 119-142

**Home Care Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%       90%       80%       75%
- 70%       60%       50%
- See company's notes, pp 119-142

**Residential Care Facility Daily Benefit Amounts**

Represents the percentage of the Nursing Home Daily Benefit Amount.

- 100%       90%       80%       75%
- 70%       See company's notes, pp 119-142

**Waiver of Premium**

We waive premium 180 calendar days after eligible for benefits. This applies to both Facility Care and Home and Community Care and does not require any out of pocket expense.

**Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.**

Issue Age	30 Day Elimination Period.		90 Day Elimination Period.		90 Day Elimination Period.	
	3 Year Maximum Policy Benefit		3 Year Maximum Policy Benefit		Lifetime Benefit	
	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$642	\$1,612	\$549	\$1,378	\$900	\$2,646
55	\$812	\$1,884	\$694	\$1,610	\$1,138	\$3,083
60	\$1,095	\$2,353	\$936	\$2,011	\$1,534	\$3,773
65	\$1,583	\$3,023	\$1,353	\$2,584	\$2,218	\$4,857
70	\$2,569	\$4,394	\$2,196	\$3,755	\$3,600	\$6,696
75	\$4,519	\$7,005	\$3,863	\$5,987	\$6,332	\$10,385
80	\$6,595	\$9,563	\$5,637	\$8,174	\$9,241	\$13,862

Refer to Rate History Section for information on premium increases for this company.